DOCUMENT RESUME

ED 317 917 CG 022 435

AUTHOR Kampfe, Charlene M.
TITLE Dignity Versus Dehumanization in Long-Term Care Settings for Older Persons: A Training Outline.
PUB DATE 18 Mar 90
NOTE 13p.; Poster presented at the Annual Convention of the American Association of Counseling and Development (Cincinnati, OH, March 16-18, 1990).
PUB TYPE Guides - General (050)

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS *Inservice Education; Interpersonal Communication; *Interpersonal Relationship; *Long Term Care; *Older Adults; *Training
IDENTIFIERS *Respect

ABSTRACT

This paper describes the types of attitudes and behaviors that might be destructive to an individual's sense of self-worth, and suggests that counselors in long-term care settings face the challenge of changing these. One strategy for counteracting potential dehumanization, offering in-service training to all levels of staff and administrators, is outlined in this paper. These materials are included: (1) an outline of the entire program which includes information on the target population, objective, time requirements, materials, preparation, and pretest; (2) an outline of the first exercise in which the trainer lectures on dehumanization, including lack of autonomy, communication problems, lack of privacy, and general disrespect, followed by group response on dehumanizing situations; (3) an outline of the second exercise in which participants list and discuss things they have done which are dehumanizing; and (4) an outline of the third exercise in which previous training is reviewed and groups list things happening in particular settings (such as hospitals) which are dehumanizing and how to change these conditions. The appendix includes a paper on the counselor's challenge in regard to dehumanization in long-term care facilities; the pretest and posttest; and a line drawing depicting two methods of discussing a change in medication. (ABL)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

ED317917

Dignity Versus Dehumanization in Long-Term Care Settings for Older Persons: A Training Outline

Charlene M. Kampfe, Ph.D.
Division of Rehabilitation Counseling
Department of Medical Allied Health Professions
University of North Carolina
Chapel Hill, North Carolina

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

☑ This document has been reproduced as received from the person or organization originating it.

☐ Minor changes have been made to improve reproduction quality.

• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY

Charlene M. Kampfe

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

CG 022435

A Poster presented at the Annual Convention of the American Association of Counseling and Development, Cincinnati, Ohio, March 18, 1990.

BEST COPY AVAILABLE

Dignity Versus Dehumanization in Long-term Care Settings for Older Persons

The committees on Counseling in Long-Term Care Settings and on Elder Abuse, Association of Adult Development and Aging (AADA), American Association of Counseling and Development (AACD) have been concerned with the potential for subtle abuse of elderly persons in long-term care settings. As suggested by Kampfe (1988, Appendix A),

> The Bicentennial Charter for Older Americans (Federal Council on Aging, 1976) indicates that elderly persons have the right to life with dignity, yet older persons in long-term care facilities are often treated in dehumanizing ways. Because this dehumanization is a violation of a basic human right, it can be considered a form of abuse. The ultimate consequence may be that elderly persons feel less worth-while, less confident and less satisfied than they have felt during other times in their lives (Kampfe, C.M. Spring/Summer, 1988. Dignity versus dehumanization in long-term care facitlities: The counselor's challenge, AADA Newsletter, 2, 4).

Kampfe describes the types of attitudes and behaviors that might be distructive to an individual's sense of self-worth, and suggests that counselors in long-term care settings face the challenge of changing these. As suggested in this passage, one strategy for counteracting potential dehumanization is to offer in-service training to all levels of staff and administrators. The purpose of this paper is to provide an outline that can be used for that purpose.

Dignity Versus Dehumanization in Long-Term Care Settings for Older Persons: The Training Outline

Target Population:

Staff and administrators providing services in long-term care settings.

Objective:

Change attitudes and behaviors of participants as they relate to older persons in long-term care settings.

Time Requirements:

The training can be provided over several sessions or during a one-day workshop. The outline provides four exercises that are a combination of lecture and group activity/discussion. Depending upon the amount of discussion generated, each exercise can last from thirty minutes to two hours.

Materiels:

Hand-out: "Dignity versus Dehumanization in Long-Term Care Facilities: The Counselor's Challenge" (Appendix A)
Pre/Post-Tests (Appendix B)
Overheads of visual representations of attitudes and behaviors (Appendix C provides an example...these are optional)
Overhead Projector (optional)

Preparation:

Prior to the workshop, the trainer should read: 1) Appendix A, "Dignity Versus Dehumanization in Long-Term Care Facilities: The Counselor's Challenge", and 2) the entire training outline.

Pre-Test:

At the beginning of the training, participants are asked to complete the Pre-Test provided in Appendix B. This takes about 10 minutes.

Dignity vs Dehumanization Training
Lecture/Exercise I
Time: 30 minutes to I hour

A. Discuss Dehumanization (Lecture and Discussion)

The Bicentennial Charter for Older Americans (Federal Council on Aging, I976) indicates that persons who are older have the right to life with dignity, yet older persons are sometimes treated in dehumanizing ways in facilities offering long-term care. Because this dehumanization is a violation of a basic human right, it can be considered a form of subtle abuse. The ultimate consequence may be that elderly persons feel less worthwhile, less confident, and less satisfied than they have felt during other times in their lives.

I. What is dehumanizing?

The trainer verbally presents the following list of potential dehumanizers. The trainer encourages discussion of these and asks participants to offer other similar dehumanizing situations. Overheads such as those presented on the poster can be used, but are not necessary (see Appendix C for example).

Lack of Autonomy

Decisions made for older persons
Responsibility taken over by another person
Not allowed to have property or own money
Not given opportunity to make mistakes
Excluded from participating in major decisions about their lives
Given little control over basic life decisions such as eating, sleeping, bathing, toileting, socializing
Not allowed to engage in life-long habits
Not allowed to do things for themselves

Communication Problems

Not listened to
Talked at
Talked about in front of
Talked to in a patronizing way
Talked to in an sweet (gooey) voice
Talked to as if he/she were a child
Talked to as if he/she is more than one person
"How are we feeling today" "We mustn't do that"
Ignored when requesting help, comfort or information
Concerns made light of

Lack of privacy

Being walked in on without knocking and waiting for a response
Not having a key or lock to own room or closet
Watched through a I way mirror
Watched through a ! way mirror, and not knowing it
Not being able to have a private place, free of interruption
Interrupted during private activities such as napping, reading, having visitors or engaging in toileting and grooming

Generally Treated or Thought of with Disrespect

Not allowed to receive the consequences of actions
Thought of as fitting a stereotype (e.i. all disabled or older people as sweet)
Sexuality not recognized
Individual talents and abilities not recognized
Feelings or thoughts not validated
Assumed to think unclearly because he/she is old
Lumped into a catagory of "old people"
Called by the wrong name
Not asked what they wish to be called (name)
Called by first name without giving permission
Spoken about using "agist" terms, such as "The elderly" "the aged" instead of "persons who are older"
Responded to with degrading body language such as "knowing smiles"

These kinds of messages convey to older persons that they are considered to be either unimportant, mentally incompetent, or both. Individually, each abuse could have a negative impact. Collectively, they have the potential to result in a sense of vulnerability, learned helplessness and self-devaluation.

2. What things enhance a person's sense of dignity/pride?

The trainer asks the group to identify situations in which a person's sense of worth can be enhanced. These will be the opposite of those things that are dehumanizing.

Autonomy
Communication
Privacy
Respect

Dignity vs Dehumanization Training
Exercise II
Time: 60 min. to two hours

1. (5 min) Each participant is asked to sit quietly and list, on a piece of paper, 5 to 10 things that have caused him/her to feel dehumanized.

   (10 min) Groups of four people discuss these

   (10 min) Large group discussion

2. (5 min) Each participant is asked to sit quietly and list, on a piece of paper, 5 to 10 things that have contributed to his/her self esteem.

   (10 min) Groups of 4 discuss these

   (10 min) Large group discussion

3. (5 min) Each participant lists 10 (specific) things they have done to another person (ie persons who is older) that has been dehumanizing. This is usually difficult, and sometimes the participants do not wish to discuss these.

   (10 min) Groups of four people discuss these

   (10 min) Large group discussion (if no one wishes to talk about these, they should not be forced.

4. (5 min) Ask each participant to look back over this last list and think about how each situation could have been handled differently.

Dignity vs Dehumanization Training
Exercise III
Time: one to two hours

1. Large group reviews previous training regarding dehumanization.

2. (20 to 30 min) Participants are divided into groups of two to four people. These divisions can be according to profession, type of facility worked in, or random selection. Each group selects one of the following settings, and lists things that are happening in these that can be dehumanizing. Groups also list ways that these conditions could be changed and/or how workshop participants could be effective change agents.

   Institutions
   Hospitals
   Retirement homes
   Intermediate or skilled care facilities
   Rehabilitation facilities

3. (30 min to 1 hour) Groups report back to the larger group. Discussion should be encouraged.

Dignity vs Dehumanization Training
Exercise IV and Post-Test
Time: 20 minutes to 1 hour

The Post-Test (Appendix A) is given. After Post-Tests have been turned in, participants are divided into small groups of two to four people to discuss their answers. This can be followed by a large group discussion and summary of the training.

Appendix A

Dignity Versus Dehumanization in Long-Tern Care Facilities: The Counselor's Challenge

Charlene M. Kampfe, Ph.D.
Division of Rehabilitation Counseling
Department of Medical Allied Health Professions
University of North Carolina at Chapel Hill

The Bicentennial Charter for Older Americans (Federal Council on Aging, 1976) indicates that elderly persons have the right to life with dignity, yet older persons in long-term care facilities are often treated in dehumanizing ways. Because this dehumanization is a violation of a basic human right, it can be considered a form of abuse. The ultimate consequence may be that elderly persons feel less worthwhile, less confident and less satisfied than they have felt during other times in their lives.

One needs only to walk the halls of some long-term care facilities to observe subtle and not-so-subtle abuses of elderly persons. One of these abuses involves failure to allow them to exercise their autonomy. Residents sometimes have little control over decisions about eating, sleeping, bathing, socializing, or toileting. They are often excluded from participating in major decisions regarding residential relocation and medical treatment, and are sometimes unnecessarily restrained. Other abuses include failure to allow residents to engage in life-long habits, and failure to recognize or support their sexuality, special qualities and talents. Lack of privacy is another form of subtle abuse. Persons in long-term care facilities typically do not have lockable doors or lockable closets, leaving them in vulnerable positions. Workers can, and do, walk into rooms without invitation and often without knocking; interrupting private activities such as napping, reading, having visitors, or engaging in toileting and grooming.

Other indignities in institutions involve inappropriate communication. In some instances, older persons are not often taken seriously; and occasionally, their requests for help, comfort, or information are completely ignored. Lack of respect is sometimes conveyed to them by making light of their concerns, talking about them in their presence, using the third person or a childlike voice quality when speaking to them, forgetting or misusing their names, or displaying degrading body language, such as using "knowing smiles" when residents are expressing themselves.

These types of behaviors convey the message that older persons are considered to be either unimportant, mentally incompetent, or both. Individually, each abuse could have a negative impact. Collectively, they have the potential to result in a sense of vulnerability, learned helplessness, and self-devaluation.

Helping individuals maintain a sense of dignity under these circumstances is a challenge. Fortunately, counselors typically have the skills to provide a dignity-enhancing situation; a relationship based on respect and good communication. Counselors might also offer assertiveness training or workshops regarding their rights to residents. Because time is limited, however, counselors might consider soliciting and training volunteers from local schools and organizations or contacting counselor training programs in surrounding states to invite students to participate as interns in their programs.

Until the overall atmosphere of the facility is changed, however, it is probable that dehumanizing situations will continue to deprive older persons of a basic right to life with dignity, resulting in the erosion of their sense of esteem. Many offenses of this right are the result of uninformed assumptions about older persons. Counselors in these settings are therefore challenged to change the attitudes of staff and administrators. Some ways of making changes are through in-service training, role modeling, and client advocacy. Another approach might be to organize group discussions with other like-minded employees and residents regarding strategies for change. Although these efforts are potentially time-consuming, they may, in the long run, result in an atmosphere that promotes a sense of autonomy and psychological well-being among the residents of long-term care facilities.

Appendix B

Pre-Test _____

Post-Test _____

It is your responsibility to recommend a residential facility for an 82 year old woman who is partially sighted, has difficulty walking without support, but who is otherwise functioning at normal levels. You have two choices of nursing homes in the community. Cost is not a factor. You must recommend one of these facilities.

Facility A

Willowgreen Nursing Home is meticulously clean. The nurses and attendants have all been well trained in medical aspects of aging. The nurses wear uniforms and give the patients the feeling of being treated by highly professiounal people. The facility is well organized. Everything runs according to a well defined schedule to assure that all clients receive appropriate care.

For example, each client bathes at precisely the same time each day. This schedule is developed by the staff with no input from the residents. Because tub baths are considered highly theraputic, everyone gets a tub bath rather than a shower, unless it is too difficult for them to get into the tub. Health care is carefully monitored. Any medication required by the patients is distributed by the nursing staff to assure that residents receive the correct amounts at the correct times. To assure that each person has an appropriate diet, the highly trained dietitian prescribes each person's meals. These are well balanced and carefully prepared. To insure that each person receives the appropriate meal, clients are seated according to their meal types.

Facility B

Bennington Nursing Home is somewhat older than Willowgreen. It is not quite as clean as Willowgreen, but it is clean. Residents are asked to take some of the responsibility for cleaning their own rooms. Although the home has as many nurses per client as Willowgreen, the nurses at Benington do not wear uniforms.

The residents are asked to negotiate among themselves the times for bathing. This sometimes leads to disagreements as to who will bathe when. A dietitian plans the meals, but because the home does not have enough staff to individually prescribe meals for the residents, the residents are served family style and generally sit at whatever table they prefer. Only in the case of an individual who must have a specific diet, are special individual meals prescribed. Residents typically have a choice of two meats and three vegetables

and/or carbohydrates, but usually the dessert is the same for everyone. Once every week, most of the cooks take the day off, and the residents prepare their own meals with some help. These meals are usually planned by the resident council which is composed of five elected residents and one elected attendant. Sometimes, residents cook their favorite recipes, and the meal is pot luck.

The facility does not have as much institutional furniture as Willowgreen Nursing Home. Residents are asked if they wish to bring their own furniture with them to furnish their rooms. These possessions are usually safe, because clients are given keys to lock their rooms when they are out. The nursing and housekeeping staff have master keys in the event that personnel need to enter the rooms. The administrator is fond of animals, and has allowed a stray cat to make the facility its home. A local veteranary provides health care services for the cat.

A. Which facility will you recommend?

B. Why did you choose this facility?

Appendix C

"I think your grandmother needs to change medications."

"I think you need to change medications."